Job Description

Statutory Obligations

a) Local Authorities are obliged to provide a social work service to the Health Service under the National Health Service Registration Act (1973) in England, and the National Health Service Act (1972) in Scotland.

b) Current legislation, including the National Assistance Act (1948), Chronically Sick and Disabled Persons Act (1979) and (1986), National Health Service and Community Care Act (1990)*, places obligations on Social Workers:

i) To ensure the safety and well-being of patients and their families

ii) To be the patients' advocate in safeguarding their rights

iii) To ascertain need and to ensure appropriate implementation

c) To fulfil statutory obligations, as required under other legislation, such as the Children Act (1989), Mental Health Act (1983). Carers' Act (1995) and Disability Discrimination Act (1995), Children Act (Scotland 1995)

d) Anti-discriminatory legislation is in the process of being made law in many areas. Social Workers should ensure they give an anti-discriminatory service to patients and families.

Psychosocial Assessment

The social worker should carry out a full social work assessment with the patient and family prior to commencing dialysis, taking into account employment, housing, finances and family situation.
The objective is to help the patient and family, in conjunction with the medical staff, decide which form of dialysis is most appropriate, and to help them adjust to life on dialysis.

There is evidence that adequate preparation, prior to commencing dialysis, helps long-term adjustment. Throughout this assessment process, the social worker should work co-operatively with the patient and family, and actively encourage their participation in identifying need, planning, making decisions and evaluating the service.

Personal Counselling Service

All social Workers are professionally qualified in counselling skills, which are used with individuals, families and groups, on the following issues:

a) Problems in adolescence, with employment, relationships, sexual difficulties, ageing and dying, which are exacerbated by chronic illness and the need for time consuming treatment.

b) Anxieties and fears associated with kidney transplantation, particularly:

i) A realistic appreciation of the implications of transplantation.

ii) Post operative adjustment and rehabilitation.

iii) Coming to terms with a failed transplant and renewed dependency on dialysis.

c) Stresses created by prolonged or repeated hospital admissions.

d) Patients' decisions not to commence or withdraw from treatment.

e) Terminal illness and bereavement.

f) The anxieties faced by families whose child is facing dialysis and transplantation, and all the disruption this entails for family life.

Membership of Multi-Disciplinary Team on Renal Unit
Full participation by the social worker in the multi-disciplinary team is essential, so the psychosocial aspects of the patient's life are brought to the attention of the team. At the same time, up-to-date medical information is obtained, enabling the social worker to make realistic plans to help the patient and family come to terms with all aspects of the condition and its treatment.

As this is a chronic illness, requiring protracted treatment, it has long-term implications for both patients and family. It is important for the multi-disciplinary team to review regularly the psychosocial circumstances of patients, and to initiate further social worker intervention as necessary.

By being a member of this team, the social worker can also receive support from and give it to other staff.

Advocacy for Patients
To represent the interests of patients and their families with other agencies, including:

a) Hospital staff to ensure that patients' needs are taken into account and any complaints are fully understood and properly represented.

b) The Housing Department for modifications/re-housing or with problems of housing costs (e.g. rent/mortgage arrears).

c) The Benefits Agency to ensure maximisation of benefit entitlement, including representation at appeal tribunals. (This may also be undertaken by the Social Services Department's Welfare Rights Service or the C.A.B).

d) Employers, Job Centres and Disability Employment Advisors to ensure that patients' needs in relation to work are being met. This can include the provision of dialysis facilities at work, enrolling on training courses and obtaining employment.

e) Schools and further education establishments where patients are students.

f) Gas, electricity and telephone suppliers to prevent disconnection.

Member of Social Work Team
To participate fully as a member of the Social Work Department:

a) For individual supervision in relation to professional practice.

b) For further professional working knowledge and further post qualification accreditation.

c) Keeping accurate and up-to-date case notes.

d) In order to receive peer group support.

Liaison and Specialist Advisor for Community Services
To act as a specialist advisor and to undertake liaison work with other agencies and Social Services Departments, to ensure that the particular needs of kidney patients are known and that they have access to appropriate resources.

Membership of BASW Renal Social Workers Special Interest Group
To attend meetings of the group three times a year (where possible) to keep up-to-date with developments in Renal Social Work and also to obtain informal support from colleagues.

Teaching
To teach social workers, nursing and medical staff at both pre and postgraduate level. To offer practice placements to student social workers undergoing professional training.

Liaison with Charities
To make appropriate application for grants to charities, such as the British Kidney Patients Association, Kidney Research UK, local patient associations and any other appropriate organisations. Such applications are only undertaken if statutory resources, such as the benefits agency and Social Services Departments are unable to provide help.

Holidays
To recognise the importance of holidays. To advise on arrangements and administration of grants.

Research
To research the psychosocial needs and quality of life of kidney patients and bring these to the attention of colleagues at national and international level, and also policy makers.

Background Information
Medical Treatment of Renal Disease

The permanent loss of kidney function results in the accumulation of waste products in the patient's bloodstream. Without treatment, the patient would die. The following treatments are available and there is considerable variation nationally as to which is the treatment of choice:

a) Haemodialysis The patient is attached to a dialysis machine and his/her blood is passed through a filter and returned to his/her body. Most patients need 2 or 3 dialysis sessions of
4-6 hours duration each week and these can take place in the following settings:

i) The Renal Unit~ Patients attend their renal unit as outpatients. Generally this is reserved for patients with more complex medical problems, as it is carried out by nursing staff supported by the renal team.

ii) The Satellite Unit This is usually sited on premises away from the main renal unit. It is provided for patients who are established on haemodialysis with less acute medical needs.

iii) The Patient's Home: This requires full social assessment, as it shifts responsibility for dialysis from the hospital to the home. Re-housing or adaptations to the house may be necessary to accommodate the equipment. An attendant, usually another family member, is required throughout the dialysis and this places additional demands on the family.

b) Peritoneal Dialysis: Fluid is passed into the patient's peritoneum and then drained out again. The peritoneum acts as a natural filter. There are 3 methods of peritoneal dialysis:

i) Continuous Ambulatory Peritoneal Dialysis (CAPD) This is the most frequently used method, requiring the patient to dialyse 4 times a day, each exchange takes 30-40 minutes. Minimal adaptations to the home may be required. The patient undertakes responsibility for his/ her own treatment, however, the assistance of another family member may be necessary in some cases.

ii) intermittent Peritoneal Dialysis: This is carried out in hospital, 2 or 3 times a week, for 36 to 72 hours.

iii) Continuous Cyclical Peritoneal Dialysis (CCPI7J) or Automated Peritoneal Dialysis (APVJ Continuous dialysis takes place overnight, using a machine in the patient's home, leaving him/her free from treatment by day. Minimal adaptations to home may be required.

c) Kidney Transplant: Patients receive their transplants from deceased donors and increasingly live related or unrelated transplants may be carried out if the blood and tissue type is compatible between the donor and the recipient.

Provision of Social Work Service on Renal Unit

Since 1974, the provision of social work services to the Health Authority has been the responsibility of the Local Authority in whose area a hospital is situated, but since the advent of hospital trusts and the implementation of the NHS and Community Care Act (1990) which gave Local Authorities the responsibility for their own budgets, renal social workers have been under considerable pressure to share in responding to the increased work-load of their departments, thus leaving less time for renal patients. Renal social work posts can be funded by the Health Authority or the Trust Hospital. In order to safeguard the service to renal patients, we recommend units should take over funding of social workers, where possible.
The British Kidney Patients Association also funds some social work posts on short-term contracts.

a) Renal medicine is a specialist area which requires particular knowledge and skills from the social worker. Most renal units are sufficiently large in patient size to justify the following recommendations:

i) The renal social worker should be a member of the social work team, working only on the renal unit, and should not have to cover other units within the hospital.

ii) The social worker should be professionally qualified (CQSW or equivalent) and appointed at Level 111 to take account of the experience, knowledge and level of skill required. Following 2 years in post the renal social worker should have the opportunity to be considered for Senior Practitioner status.

iii) It is desirable that he or she should have had previous experience of working in a health care setting as a social worker.

iv) Since most renal units are Regional Health resources, the social worker will need to provide a service to clients who live outside the Local Authority area. He/she should be able to drive with essential car user allowance payable.

v) Provision of a suitable office and interviewing space in reasonable proximity to the renal unit. And appropriate administrative support.

vi) Establishment of the appropriate number of social work hours to carry out the job specification detailed above.
As many cases are complex and time consuming and/ or are of long term nature and recurring, a realistic caseload of 30 active cases for one social worker is likely to be drawn from a renal unit of 100 pre-dialysis, dialysis and transplant patients. The Kidney Alliance document recommends the ratio of dialysis is patients:staff of 70:1.

Renal social workers in Britain are employed by Social Services Departments, but because of the regional nature of the work, funding comes from a variety of sources, e.g. Social Services, Health Service or British Kidney Patients Association. The variety of funding has meant there has been uncertainty about continuity of the service. In order to provide stability for both patients

and workers, the most appropriate means of funding would seem to be health based. However, in order to meet the professional needs for training, consultation and support, the employing agency should continue to be the Social Services Department.

Ref: The Kidney Alliance (2001) End Stage Renal Failure — A Framework for Planning and Service Delivery.